

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.
	1						51	1		
2							52	2		
3							53	2		
4							54	2		
5							55	2		
6							56	1		
7							57	1		
8							58	1		
9							59	1		
10							60	1		
11							61			
12							62			
13							63			
14							64			
15							65			
16							66			
17							67			
18							68			
19							69			
20							70			
21							71			
22							72			
23							73			
24							74			
25							75			
26							76			
27							77			
28							78			
29			2				79			
30			1				80			
31			1				81			
32			1				82			
33			1				83			
34			1				84			
35			2				85			
36			2				86			
37			2				87			
38			1				88			
39			1				89			
40			2				90			
41			2				91			
42			2				92			
43			2				93			
44			1				94			
45			2				95			
46			2				96			
47			2				97			
48			2				98			
49			2				99			
50			1				100			
TOTAL IND.			10				TOTAL IND.			
TOTAL DEP.			39				TOTAL DEP.			
TOTAL CLAIMS			49				TOTAL CLAIMS			